

COVID19 PANDEMIC AND ITS POLITICIZATION IN NIGERIA: A CRITICAL REFLECTION

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Abstract

In the wake of the rapidly spreading novel coronavirus (COVID-19), with its debilitating effects on humanity, the Nigerian government launched a social distancing campaign, restricting movements in certain parts of the country. The government also encouraged self-isolation for Nigerians returning from high-risk countries. A major aspect of Nigeria's approach to the COVID-19 pandemic has been the prohibition of gatherings that exceed 30-50 people, including worship places and all forms of social events. With much surprise, many Nigerians have continued to defy the state's directives. Despite the lockdown with its warnings on public gathering; churches and mosques opened their doors for worship, fun lovers continued with their normal parties and clubbed like nothing was happening around them. When questioned about their refusal to follow precautionary measures established by the government, most of them dismissed the reality of the disease. Some of the reasons being that several Nigerians perceive the virus to be an attempt by political elites to create an emergency and siphon public money; again, there is no trace for the so-called confirmed cases. It is an opportunity to steal public money.' The preceded idea was buttressed by Adeola (2020) when he said, Nigeria's hot temperature may suppress spread of disease. This is because the usual hot temperature in the

country spells danger to disease just unlike the influenza virus which thrived better under cold climates. Hot temperature which many see as almost unbearable may be a blessing in disguise which can come in handy for the Federal Government in the battle to stop the spread of corona virus. This is as tropical weather is capable of suppressing the virus. (p.1). Therefore, the purpose of this study is to point out how covid19 pandemic has been politicized in Nigeria and how it has affected Nigerians and their loyalty to the government; because there is already a yawning gap in trust and accountability between citizens and the government of Nigeria. Data collection method for this research is mostly secondary data collection. The research concludes with reviewing of elite's theory as a kind of problematic system of political power holding among few members of political leaders, which has contributed immense problems in Nigerian polity; and our political leaders must avoid and choose to be more democratic.

Keywords: *Covid19, Pandemic, Politicization, Nigeria, Reflection.*

1.0 Introduction

Nigerians are skeptical about the daily assurances given by the government about Nigeria's preparedness to fight the coronavirus in the event of a possible outbreak. Despite the government's attempt at assuring citizens, the people doubt the capacity of public healthcare facilities, which are in a decrepit state, to handle an outbreak such as COVID-19. But these doubts are not totally unfounded. In the early days of the coronavirus outbreak in China, Nigeria's Minister of Health declared that an isolation centre had already been provided in a public health institution in Abuja. Soon after, however, on an inspection tour, members of the Senate discovered that nothing of such existed; more so, not even a cent had been released to execute the project.

Following years of disappointment, failed campaign promises, unfulfilled state programmes, large-scale corruption and failure to deliver on the dividends of democracy which is evident in uncountable Federal abandoned projects. Nigerian citizens largely distrust the government. In a 2016 Afrobarometer survey on the level of trust citizens hold for their governments in 36 African countries, Nigeria recorded the least score with a mere thirty-one (31) percent indicating a positive attitude towards the government. In addition, in 2018, the World Economic Forum (WEF) found that Nigeria ranked 130 of 137 countries for citizen distrust of government officials.

Before Africa reported its first case of the virus, public health experts like Dr Jeremy Brown in George Washington University, optimistically suggested that warmer weather may inhibit the spread and viability of the disease. Still common, this assumption builds on the conjectural claim that the virus cannot survive high temperatures, a view, which German virologist, Thomas Pietschmann, may have encouraged in stating that corona virus is not very heat-resistant, which means that the virus quickly breaks down when temperatures rise. The African version of this supposition, which, before now, was pervasive among the Nigerian public is that the COVID-19 cannot survive in warmer climates and ecosystems like Africa's. It is no surprise, then, that NOIPolls survey reported that 17 percent of the Nigerian population felt immune to corona virus because the country's weather is too hot for the disease, with 5 percent stating that the disease is not for Africans.

1.1 Problem of False News in Nigeria Government

The citizens of Nigeria for many years have been deceived with doses and multiple of false information by our political leaders and other government appointees through News Broadcasting Agencies. Most of the public and private television and radio stations in Nigeria are bought over by our political leaders for false information dissemination. Although, it is dangerous to entertain doubts towards the threat of COVID-19, Nigerians may have justifiable reasons to be skeptical about the government's approach. Our past experiences with nationwide threats provide enough reasons. For example, in 2015, the country got to know that most of the money

meant to fight insurgency, about \$2 billion in north-eastern Nigeria was actually pocketed by a few individuals. This was despite official assurances that Nigeria was committed to fighting Boko Haram and that the terrorist group would soon be confined to history. In December 2015, six months after assuming office, President Muhammadu Buhari declared that Boko Haram had been ‘technically defeated’ and claimed displaced people in the epicentres of the conflict zone could start returning to their homes.

However, daily attacks which led to a huge number of deaths and video releases by Boko Haram’s leadership demonstrating their growing capacity to continue with the war contradicted state declarations and promises. In fact, since then, community stakeholders in the conflict zone have repeatedly dismissed the government’s claims that the Boko Haram insurgents are not in control of any geographical area in Nigeria. Community stakeholders insist that many local governments are under the control of Boko Haram, casting doubt on the situation as described by the government.

Among the Buhari-led government’s campaign promises was to ‘kill corruption before it kills Nigeria’. Many Nigerians rejoiced over the statement and voted for President Muhammadu Buhari in 2015. Indeed, people trusted the retired general because of his claimed modest lifestyle. Moreover, his past record as a Head-of-State had seen him use extreme measures to bring corruption to its knees in the 1980s. However, in the last five years, since President Muhammadu Buhari emerged as president, the reverse has been the case, corruption increased more than before. Arguably, many Nigerians, including some human rights activists, notable public commentators, civil society organizations, professional associations, and opposition politicians are of the view that the government’s war against corruption is highly selective; close associates of the president allegedly involved in many corruption scandals remain untouched, while people in the opposition have been targets of the Economic and Financial Crimes Commission (EFCC).

The Nigerian state commands low trust from its citizens and may encounter serious challenges in convincing citizens about the existential threat of the novel corona virus. Unfortunately, this low trust may lead to a humanitarian disaster. To forestall the imminent

danger, greater levels of transparency are essential from the government in the present fight against the pandemic.

To start with, the government needs to provide more details about the available COVID-19 isolation and testing centres in Nigeria and how these centres can be accessed by the public. Authorities also need to clarify insinuations that testing for the deadly virus is currently limited to only big men in the country. In addition, the public needs more information about the capacity gaps that Nigeria is facing in fighting and containing COVID-19; as well as more regular updates about the amount of money that has been spent on fighting the spread of COVID-19.

Presently, a lack of transparency on these fronts is fuelling public distrust. However, experience with Ebola has shown that high levels of community trust in authorities and institutions can drive faster containment of deadly viruses. In building this trust, the government would need to go an extra mile to convince citizens of its commitments to containing and, eventually, overcoming the corona virus.

2.0 Conceptual Clarifications

Concept clarification is centrally important to theory development. While often understood as a formula-driven task, concept clarification is really a process that engages critical thinking. The central challenge in concept clarification is to understand how words create things. In this literary work I defined and discussed concepts pertinent to the subject of this study. These include: Covid19, Pandemic, Politicization, Reflection and Nigeria. This will give the readers insight into researcher's intention for the choice of the topic.

2.1 Covid19

In early 2020, a new virus began generating headlines all over the world because of the unprecedented speed of its transmission. Its origins have been traced to a food market in Wuhan, China, in December 2019. From there, it has reached countries as distant as the United States and the Philippines. The virus (officially named Severe Acute Respiratory Syndrome (SARS CoV-2) has been responsible for

millions of infections globally, causing hundreds of thousands of deaths. The United States is the country most affected. The disease caused by an infection with SARS-CoV-2 is called COVID-19, which stands for coronavirus disease 2019. In spite of the global panic in the news about this virus, one is unlikely to contract SARS-CoV-2 unless one has been in contact with someone who has a SARS-CoV-2 infection.

Jewell (2020) opined that:

Coronaviruses are zoonotic, this means they first developed in animals before being transmitted to humans. For the virus to be transmitted from animals to humans, a person has to come into close contact with an animal that carries the infection. Once the virus develops in people, coronaviruses can be transmitted from person to person through respiratory droplets. This is a technical name for the wet stuff that moves through the air when you cough, sneeze, or talk. (p.5).

This segment investigates the meaning as well as the definition and origin of the term COVID19. There are divergent views about corona virus which has contributed to its different concepts about its origin. Corona viruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). According to Cennimo (2020) who furthered to offer insight in the diseases that coronavirus can cause said:

Corona virus disease 2019 (COVID-19) is defined as illness caused by a novel corona virus now called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2; formerly called 2019-CoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009. Illness

caused by SARS-CoV-2 was termed COVID-19 by the WHO, the acronym derived from corona virus disease 2019. The name was chosen to avoid stigmatizing the virus' origin in terms of populations, geography, or animal associations. (p.1).

Mayo (2020) opined the following as the definition of COVID19 and its symptoms:

Coronaviruses are a family of viruses that can cause illnesses such as the common cold, Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS). In 2019, a new coronavirus was identified as the cause of a disease outbreak that originated in China. The virus is now known as the severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The disease it causes is called coronavirus disease 2019 (COVID-19). In March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic. (p.1).

Public health groups, including the U.S. Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), were monitoring the pandemic and posting updates on their websites. Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans. Corona viruses are zoonotic, meaning they are transmitted between animals and people.

2.1.1 Causative Factors of Covid19

According to the report of International medical aid on the cause of COVID19, the following information was extracted to enable us gain insight into the causative factors of Covid19:

The 2019 novel coronavirus has the potential to be a global pandemic. Health officials say it originated in a market in Wuhan, China that sold live and dead wild animals that people ate for food, improved health and vitality and a number of other purposes. The virus has now been detected in Australia, Canada, Finland, France, India, Italy, Japan, Nepal, Russia, Singapore,

Spain, Taiwan, Thailand, Vietnam and the United States with over a dozen other countries. (p.1).

Several of the early cases had visited Huanan Seafood Wholesale Market and so the virus is thought to have a zoonotic origin. The virus that caused the outbreak is known as SARS-CoV-2, a newly discovered virus closely related to bat coronaviruses, pangolin coronaviruses, and SARS-CoV. The scientific consensus is that COVID-19 has a natural origin. The probable bat-to-human infection may have been among people processing bat carcasses and guano in the production of traditional Chinese medicines and foods.

World Health Organization (WHO) online publication in June 2020 has maintained that the coronavirus disease (COVID-19) is caused by a virus. NOT by a bacteria. The virus that causes COVID-19 is in a family of viruses called Coronaviridae. It is also noted that antibiotics do not work against viruses. Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a health care provider. There is currently no licensed medication to cure COVID-19. If COVID19 is not caused by bacteria, but by virus, that will arouse the researcher's interest to present the differences between virus and bacteria with the detailed meaning of a virus in particular.

2.1.2 Differences between Bacteria and Virus

Bacteria and virus are microscopic microbes. Bacteria are prokaryotes. They are living cells which can be either beneficial or harmful to other organisms. But viruses considered to be particles that are somewhere between living and non-living cells. Viruses have to invade the body of a host organism in order to replicate their particles. Therefore, most viruses are pathogenic. The main difference between bacteria and virus is that bacteria are living cells, reproducing independently and viruses are non-living particles, requiring a host cell for their replication. Lakna (2017) has the following review to make about the definitions of both virus and bacteria:

What are Bacteria?

Bacteria are prokaryotes found in most habitats on the Earth. They are unicellular microorganisms. Bacteria can grow in harsh conditions like acidic hot springs,

radioactive waste and deep portions of Earth's crust. Bacteria form dense aggregations by attaching to surfaces. These aggregations are mat like structures called bio films.

What is a Virus?

A virus is a particle considered as non-living form. Viruses show neither respiration nor metabolism. A virus consists of its genetic material, either DNA or RNA, covered by a protein core. Usually, viruses are infectious agents, requiring a host for their replication. They infect all life forms including animals, plants, bacteria and archaea. Viruses can be found in almost every ecosystem on the Earth. Thus, they are the most abundant biological entity type. The study of viruses is called virology. Viruses can be visualized by negative staining. (p.4).

2.1.3 Difference between Bacteria and Virus in Tabular Form

Aryal (2018) has made the following detailed and extensive presentation on differences between bacteria and virus (bacteria versus virus):

S.N.	Character	Bacteria	Virus
1	Cell type	Prokaryotic cells	Acellular
2	Number of cells	Single-celled	No cell
3	Size	Larger than viruses (0.3-2 μ)	Minute (0.02-0.3 μ)
4	Microscopy	Visible under Light Microscope.	Visible only under an Electron Microscope.
5	Shape	Common bacterial cell shapes include cocci (spherical), bacilli (rod-shaped), spiral, and	Viruses typically have spherical (polyhedral), rod-shaped, or helically

		vibrio (comma-shaped). shaped capsids while some viruses, such as bacteriophages, have complex shapes.
6	Cellular Machinery	Possesses a cellular machinery Lack of cellular machinery
7	Type of organism	Mostly intercellular organisms (i.e. they live in-between cells); some intracellular. Intracellular organisms (they infiltrate the host cell and live inside the cell).
8	Structure	Organelles and genetic material within a cell wall Genetic material within a capsid, some have an envelope membrane.
9	Cell wall	Cell wall made of peptidoglycan and lipopolysaccharide. No cell wall. Protein coat presents instead.
10	Cellular membrane	Cell membranes present. No sterol except in <i>Mycoplasma</i> cells which have cholesterol. Some are enveloped, but no membrane function.
11	Genome	DNA and RNA 1 chromosome No histones DNA or RNA 1 nucleocapsid except in segmented or diploid viruses
12	Nucleic acid	DNA and RNA floating freely in the cytoplasm. DNA or RNA is enclosed inside a coat of protein.
13	RNA	Mono- and polycistronic mRNA Some have polycistronic mRNA and

		post-translational cleavage.
14	Cell organelles	Presence of non-membrane bound cell organelles.
15	Ribosomes	70s ribosomes (30s+50s)
16	Living attributes	Living organisms.
17	Replication	Binary fission (asexual). DNA replicates cells continuously.
18	The need for host cell	Able to reproduce by itself.
19	Other forms	In some spore-forming bacteria, sporulating forms can be seen.
20	Cells Infected	Animal, Plant, Fungi
21	Infection	Localized
22	Induction of Fever	A bacterial illness notoriously causes a fever
23	Duration of illness	A bacterial illness commonly will last longer than 10 days.
24	Diseases/Infections	Food poisoning,
		Absent. Uses host organelles; obligate intracellular parasites
		No ribosomes
		Between living and non-living things.
		It invades a host cell and takes over the cell causing it to make copies of the viral DNA/RNA. Destroys the host cell releasing new viruses.
		Need a living cell to reproduce
		Besides viruses, two other acellular forms exist Viroids and Prions.
		Animal, Plant, Protozoa, Fungi, Bacteria, Archaea
		Systemic
		A viral infection may or may not cause a fever.
		Most viral illnesses last 2 to 10 days.
		AIDS, common

		gastritis, and ulcers, meningitis, pneumonia, etc	cold, influenza, chickenpox, etc
25	Susceptibility to Antibiotics	Most bacteria are susceptible to antibiotics.	The virus does not respond to antibiotics.
26	Treatment	Antibiotics	Antiviral drugs Viruses are not beneficial.
27	Beneficial use	Some bacteria are beneficial (as normal flora, probiotics, fermenters, etc.)	However, a particular virus may be able to destroy brain tumors. Viruses can be useful in genetic engineering.
28	Examples	<i>E.coli</i> , <i>Salmonella spp.</i> , <i>Listeria spp.</i> , <i>Mycobacteria spp.</i> , <i>Staphylococcus spp.</i> , <i>Bacillus anthracis</i> , etc.	HIV, Hepatitis A virus, Rhino Virus, Ebola virus, etc.

2.1.4 History of Corona Virus before Covid19

This segment of this research is to review the previous history of corona virus before COVID19. Human corona viruses, first characterized in the 1960s, are responsible for a substantial proportion of upper respiratory tract infections in children. Since 2003, at least 5 new human corona viruses have been identified, including the severe acute respiratory syndrome coronavirus, which caused significant morbidity and mortality.

Corona viruses are known to cause disease in humans, other mammals, and birds. They cause major economic loss, sometimes associated with high mortality, in neonates of some domestic species (e.g., chickens, pigs). In humans, they are responsible for respiratory and enteric diseases. Coronaviruses do not necessarily observe species

barriers, as illustrated most graphically by the spread of severe acute respiratory syndrome (SARS) corona virus among wild animals and to man, with lethal consequences.

Kahn & McIntosh (2005) offered the following records about the pre-history of corona virus before Covid19:

The history of human corona viruses began in 1965 when Tyrrell and Bynoe found that they could passage a virus named B814. It was found in human embryonic tracheal organ cultures obtained from the respiratory tract of an adult with a common cold. The presence of an infectious agent was demonstrated by inoculating the medium from these cultures intranasal in human volunteers; colds were produced in a significant proportion of subjects, but Tyrrell and Bynoe were unable to grow the agent in tissue culture at that time. (p.1).

To further discover the history of corona virus before covid19, Kahn & McIntosh (2005) said:

Given the enormous variety of animal corona viruses, it was not surprising when the cause of a very new, severe acute respiratory syndrome, called SARS, emerged in 2002–2003 as a coronavirus from southern China and spread throughout the world with quantifiable speed. This virus grew fairly easily in tissue culture, enabling quick sequencing of the genome. Sequencing differed sufficiently from any of the known human or animal corona viruses to place this virus into a new group, along with a virus that was subsequently cultured from Himalayan palm civets, from which it presumably had emerged. During the 2002–2003 outbreaks, SARS infection was reported in 29 countries in North America, South America, Europe and Asia. Overall, 8098 infected individuals were identified, with 774 SARS-related fatalities. (p.3).

Kahn & McIntosh (2005) furthered to inform that since 2003, 5 new human corona viruses have been discovered. Three of these are group I viruses that are closely related and likely represent the same viral

species. In 2004, Van Der Hoek reported the discovery of a new human coronavirus, NL63, isolated from a 7-month-old girl with coryza, conjunctivitis, fever and bronchiolitis. Using a novel genomic amplification technique, these investigators were able to sequence the entire viral genome. Phylogenetic analysis demonstrated that this virus was a group I coronavirus related to 229E and transmissible gastroenteritis virus, a virus of pigs. Screening of 614 respiratory specimens collected between December 2002 and April 2003 turned up 7 additional individuals who tested positive for NL63. All had upper or lower respiratory tract disease or both.

2.1.5 Symptoms and Preventive Measures of COVID19

Doctors are learning new things about this virus every day. So far, we know that COVID-19 may not initially cause any symptoms for some people. According to Jewell (2020), *one may carry the virus for 2 days or up to 2 weeks before you notice symptoms.* (p.3). He furthered to outline the following as the symptoms of COVID19:

Some common symptoms that have been specifically linked to COVID-19 include:

- i. Shortness Of Breath
- ii. A cough that gets more severe over time
- iii. A low-grade fever that gradually increases in temperature
- iv. Fatigue

Less common symptoms include:

- i. Chills
- ii. Repeated shaking with chills
- iii. Sore Throat
- iv. Headache
- v. Muscle Aches And Pains
- vi. Loss Of Taste
- vii. Loss Of Smell

These symptoms may become more severe in some people. At this point emergency medical services ought to be called if someone you care for have any of the following symptoms:

- i. Trouble breathing
- ii. Blue lips or face
- iii. Persistent pain or pressure in the chest

iv. Confusion

v. Excessive drowsiness

The Centers for Disease Control and Prevention (CDC) Trusted Source is still investigating the full list of symptoms. It is necessary to know exactly the symptoms of coronavirus and the other related sickness to coronavirus. There are cases where people with malaria or ordinary respiratory problem are said to have coronavirus.

How are Coronaviruses Diagnosed?

Jewell (2020) continued to inform on how coronavirus can be diagnosed thus:

COVID-19 can be diagnosed similarly to other conditions caused by viral infections: using a blood, saliva, or tissue sample. However, most tests use a cotton swab to retrieve a sample from the inside of one's nostrils. The CDC, some state health departments, and some commercial companies conduct tests. (p.8).

On April 21, 2020, the Food and Drug Administration (FDA) America approved the use of the first COVID-19 home testing kit. Using the cotton swab provided, people will be able to collect a nasal sample and mail it to a designated laboratory for testing. The emergency-use authorization specifies that the test kit is authorized for use by people whom healthcare professionals have identified as having suspected COVID-19.

2.1.6 Preventive Measures for Covid19

Although there is no generally acceptable vaccine available to prevent COVID-19, but there are preventive measures one can take to reduce the risk of infected by the virus. World Health Organizations (WHO) and Centre for Disease Control and Prevention (CDC) recommend the following precautions for avoiding COVID19:

- i. Avoid large events and mass gatherings.
- ii. Avoid close contact (within about 6 feet, or 2 meters) with anyone who is sick or has symptoms.
- iii. Stay home as much as possible and keep distance between yourself and others (within about 6 feet, or 2 meters), especially

if you have a higher risk of serious illness. Keep in mind some people may have COVID-19 and spread it to others, even if they don't have symptoms or don't know they have COVID-19.

- iv. Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- v. Cover your face with a cloth face mask in public spaces, such as the grocery store, where it's difficult to avoid close contact with others, especially if you're in an area with ongoing community spread. Only use nonmedical cloth masks, surgical masks and N95 respirators should be reserved for health care providers.
- vi. Cover your mouth and nose with your elbow or a tissue when you cough or sneeze. Throw away the used tissue. Wash your hands right away.
- vii. Avoid touching your eyes, nose and mouth.
- viii. Avoid sharing dishes, glasses, towels, bedding and other household items if you're sick.
- ix. Clean and disinfect high-touch surfaces, such as doorknobs, light switches, electronics and counters, daily.
- x. Stay home from work, school and public areas if you're sick, unless you're going to get medical care. Avoid public transportation, taxis and ride-sharing if you're sick.

If you have a chronic medical condition and may have a higher risk of serious illness, check with your doctor about other ways to protect yourself.

2.2 Pandemic

A **pandemic** is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic. The World Health Organization (WHO) declared COVID-19 to be a pandemic when it became clear that the illness was severe and that it was spreading quickly over a wide area. The number of lives lost in a pandemic depends on:

- i. How many people are infected?
- ii. How severe of an illness the virus causes (its virulence)?
- iii. How vulnerable certain groups of people are?
- iv. Prevention efforts and how effective they are

According to Kimberly (2020):

A pandemic is the global outbreak of a disease. There are many examples in history, the most recent being the COVID-19 pandemic, declared as such by the World Health Organization on March 12, 2020. Pandemics are generally classified as epidemics first, which is the rapid spread of a disease across a particular region or regions. (p.2).

World Health Organization (WHO) said that, a pandemic is the worldwide spread of a new disease. COVID-19 began as an epidemic in China, before making its way around the world in a matter of months and becoming a pandemic. But epidemics don't always become pandemics, and it's not always a fast or clear transition. For example, HIV was considered an epidemic in West Africa for decades before becoming a pandemic in the late 20th century. Now, by advances in modern medicine, HIV is considered endemic, which means the rate of the disease is stable and predictable among certain populations, according to the American Medical Association.

2.3 Politicization

Politicization has some elements of deception, lies and exaggeration with intention to achieving some selfish interests by an individual or a group of people. Szalai (2017) said that, "Politicization is the last refuge of the scoundrel. To "politicize" something is to render it political in a way that distorts its true meaning." (p.1).

According to Kay (1980) politicization is referred to as:

The reaching of decisions on matters within an agency's or program's functional competence through a process that is essentially political and that does not reflect technical and scientific factors in the decision process; and the taking of specific actions on issues within an agency's or program's competence for the sole purpose of expressing a partisan (or self-interested) political position rather than attempting to reach an objective determination of the issues. (p.7).

Lin & Nugent (2005) offered very insightful points on politicization thus:

Politicization of government in developing countries is a common and challenging phenomenon. Where a working bureaucracy exists, the institutions will have to work around the whims of the incumbent government and vice versa. Such a scenario can end jeopardizing the government, where institutional reforms cannot be initiated at all due to the fear and uncertainty changes might bring to the preexisting power-political structure. (p.23).

Peters & Pierre (2004) opined that, “the impact of a politicized bureaucracy results in “primarily, loss of confidence in the fairness of government institutions” (p.8). This actually is the menace Nigerians are facing from the government. To be effective, institutional development requires political will and a depoliticized bureaucracy. Politicization of the organs of government hinders a country’s performance and frustrates meaningful economic development. Political corruption is extensively looked at by the other contributors to this book.

2.4 Reflection

The term reflection connotes different meanings in some academic fields like physics, radiology, laboratory, electrical studies, etc. In the context of this paper and usage of the word reflection, it will be approached as deep and intense consideration of something to ascertain why it happened the way it did. Atkins and Murphy (1994) viewed the term reflection as follow:

When we reflect, we consider deeply something that we might not otherwise have given much thought to. This helps us to learn. Reflection is concerned with consciously looking at and thinking about our experiences, actions, feelings, and responses, and then interpreting or analyzing them in order to learn from them. (p.1).

Typically we do this by asking ourselves questions about what we did, how we did it, and what we learnt from doing it. Zeeman (2019) has explained the Atkins and Murphy model of reflection as the name suggests:

The model was created with the intent to study an individual's experience in order to identify points for improvement, also referred to as reflective practice. It is many times used by professionals who want to learn continually. It is believed that a proactive attitude towards reflective practice will help improve professional competencies and abilities because it forces people to look at discomforts and next to learn from these experiences. (p.1).

When one is reflecting on academic or professional practice in this way, it makes one's personal beliefs, expectations and biases more evident to him. This understanding of oneself should help him to carry out his studies more successfully, since it makes him aware of the assumptions that he might make automatically or uncritically as a result of his view of the world. The skills associated with stepping back and pausing to look, listen and reflect are closely related to those concerned with critical thinking which also requires one to 'unpack' whatever he is focusing on, not simply accept what he reads or hears at face value. Through this process one will probably identify things he would not otherwise notice.

Therefore, it is necessary to opine that the approaches Nigeria government has given to COVID19 pandemic requires reflection and deep consideration which is major part of the purposes of this work. In due time, in this paper, the approaches Nigeria government gave to COVID19 will be reviewed as well as reflected in details.

2.5 Nigeria

Nigeria officially referred to as the Federal Republic of Nigeria is a federal state in West Africa. It borders Cameroon and Chad to the East, Benin to the west and Niger to the north. It also has a coast in the south that lies on the Gulf of Guinea in the Atlantic

Ocean. Nigeria is made up of 36 states and the Federal Capital Territory, where Abuja, the capital city is situated.

Nigeria has a lot of historic empires and cultures compared to other countries in Africa. The pre-history of Nigeria can be traced back to as early as 11,000 BC when a number of ancient African communities inhabited the area that now makes Nigeria. The greatest and the well-known empire that ruled the region before the British arrived was the Benin Empire whose ruler was known as Oba of Benin. Other tribes such as the Nri Kingdom also settled in the country, especially in the Eastern side. The Songhai Empire also settled in some of the country's territory. By the 11th century, Islam had arrived in the area called Nigeria now via the Hausa States. In 1851, the British forces seized Lagos, which was later annexed officially in 1861. In 1901, Nigeria was made a British protectorate and was colonized until 1960, when the country gained independence from British colonialism.

3.0 Theoretical Framework

Theories are formulated to explain, predict, and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions. The theoretical framework is the structure that can hold or support a theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists. A theoretical framework consists of concepts and, together with their definitions and reference to relevant scholarly literature, existing theory that is used for one's particular study. The theoretical framework must demonstrate an understanding of theories and concepts that are relevant to the topic of one's research paper and that relate to the broader areas of knowledge being considered. Therefore, the researcher of this paper has adopted the elites' theory to enable him explain the situation of Nigeria government especially in their politicized approach to COVID19 pandemic.

3.1 The Elites Theory

In political science and sociology, elite theory is a theory of the state that seeks to describe and explain power relationships in contemporary society. The theory posits that a small minority, consisting of members of the economic elite and policy-planning networks, holds the most power and that this power is independent of democratic elections. According to Higley (2010):

Elite theory's origins lie most clearly in the writings of Gaetano Mosca (1858–1941), Vilfredo Pareto (1848–1923), Robert Michels (1876–1936), and Max Weber (1864–1920). Mosca emphasized the ways in which tiny minorities out-organize and outwit large majorities, adding that “political classes”

Mosca (1939) term for political elites usually have “a certain material, intellectual, or even moral superiority” over those they govern. (p.51).

Pareto (1935) postulated that in a society with truly unrestricted social mobility, elites would consist of the most talented and deserving individuals; but in actual societies, elites are those most adept at using the two modes of political rule, force and persuasion, and who usually enjoy important advantages such as inherited wealth and family connections (pp.2031– 2034, 2051).

Pareto sketched alternating types of governing elites, which he likened, following Machiavelli, to foxes and lions. Michels rooted elites (“oligarchies”) in the need of large organizations for leaders and experts, in order to operate efficiently; as these individuals gain control of funds, information flows, promotions, and other aspects of organizational functioning, power becomes concentrated in their hands. Weber held that political action is always determined by “the principle of small numbers, that means the superior political maneuverability of small leading groups. In mass states, this Caesarist element is ineradicable”.

Elite theories were formulated at the end of the nineteenth century and in the first decades of the twentieth century by Vilfredo Pareto (1848–1923), Gaetano Mosca (1858–1941), and Robert Michels (1876–1936). Subsequent renditions of these theories also carried a strong imprint of Max Weber’s ideas, especially concerning the centrality of political power and charismatic leadership. Bottomore (1993) furthered information on elite’s theory as follow:

The classic theorists focused on the inevitability of a group of powerful “elites” in all large-scale societies, offering a radical critique of two competing theoretical-ideological streams of thought: the democratic theory (“government of the people, by the people, for the people” in Lincoln’s Gettysburg Address), and the Marxist vision of class conflict leading to revolution and egalitarian socialism. In contrast with both of these ideologies, the elite theories suggested an inescapable division between dominant minorities (variously called “elites,” “ruling classes,” “political classes,” “oligarchies,” “aristocracies,” etc.) and the dominated majority, or the “masses”. (p.1).

Mosca (1939) saw this inevitable polarization of power as reflecting a “material, intellectual, or even moral superiority” of ruling minorities, with their small size and organizational skills helping to maintain this position. (p.50). Pareto (1963) anchored elite domination in the talent and psychological dispositions of such groups, combined with the skilled use of force and persuasion. (p.1430). Michels saw the domination of “oligarchies” as the necessary outcome of large-scale organization. The views above agreed that political power, and not property, forms the foundation of social-political hierarchies, and that these hierarchies can neither be reduced to nor deduced from economic class relations. Most importantly, elite theorists insisted that there could be no escape from elite power: revolutions merely mark elite circulation and, do not narrow the power gap between the elites and the masses.

The theoretical view held by many social scientists which holds that political power is best understood through the generalization that nearly all political power is held by a relatively small and wealthy group of people sharing similar values and interests and mostly coming from relatively similar privileged backgrounds. Most of the top leaders in all or nearly all key sectors of society are seen as recruited from this same social group.

This "power elite" can effectively dictate the main goals (if not always the practical means and details) for all really important government policy making (as well as dominate the activities of the major mass media and educational/cultural organizations in society) by virtue of their control over the economic resources of the major business and financial organizations in the country. Their power is seen as based most fundamentally on their personal economic resources and especially on their positions within the top management of the big corporations, and does not really depend upon their ability to garner mass support through efforts to "represent" the interests of broader social groups.

3.1.1 Nigeria Muslim-Fulani Oligarchy

Nigeria Muslim-Fulani oligarchy is the epitome of elite's theory in Nigeria, in Nigeria Fulani people believe they are born to rule. Here in Nigeria leadership is the birth right of the anointed few who lord it over to the majority who groan in prolonged pain and penury.

This born-to-rule philosophy is the greatest example of political disenfranchisement, political laziness, political slavery and political manipulations. The Nigerian 1999 Constitution guarantees every Nigerian the right to aspire, vote or be voted into any elective position for which he or she is qualified. Section 42 of the Nigeria Constitution is very explicit that no Nigerian can be disenfranchised because of state of origin, religion or sex.

The Arewa Consultative Forum (ACF), during their 10th anniversary planning committee meeting in Kaduna declared that they were shopping for a Northern Presidential candidate for the 2011 presidential election. Brig General Mohammed Umar who spoke on Arewa Consultative Forum (ACF) behalf described the organization

as non-partisan. He also talked of the Total Northern Approach in solving challenging national Issues. To say the ACF is a non-partisan organization is one of the greatest fallacies man has ever heard and the Total Northern Approach has confirmed this.

The ACF, the Northern Union and other tribal political organizations in Nigeria should be held responsible for Nigeria's political and economic stagnation. This is because Northern Nigeria has produced 9 of Nigeria's 15 leaders since independence. So Northern Nigeria has ruled for 39 years and some months while Azikiwe, Obasanjo, Shonekan, Ironsi and Jonathan have ruled for 20 years and some months. And for this 60 year, Nigeria has not made so much progress in spite of Fulanis' born to rule philosophy. It is true some of Nigeria's richest men like former Presidents Ibrahim Babangida and Abdulsalam Abubakar are from the north. The north is in fact still monolithic and daft in its approach to national issues and worse off for its 39 years of ruling Nigeria.

Ibrahim (2020) informed the following as the origin of Fulani people in Nigeria:

The compound word "Hausa-Fulani" is not a reference to an ethnic group because the Hausa and the Fulani are distinct ethnic, linguistic and cultural groups that cannot be conflated sociologically. There was however a historic meeting point in 1804 when the Jihad movement led essentially by Fulani Ulema (clergy) conquered Hausa land and established the Caliphate and ruling Fulani lineages all over Hausa land, the exceptions being Abuja (Suleja) and Bauchi. At the turn of the 20th Century, the British conquered the Caliphate and under the leadership of Lord Lugard, the system of indirect rule was established in which the "natives" were ruled through their "traditional rulers". For the British, the stars of indirect rule were the Fulani ruling classes of the Hausa people and henceforth, the compound word Hausa/Fulani was inevitable in the political lexicon. It did not matter that the Fulani ruling classes had become culturally Hausa and that the great

majority of the Fulani people were not part of this narrative. (p.1).

Igbinovia, Okonofua, Omoyibo, & Osunde (2004), Onwubiko (1972) and Sagay (2008) observed that Nigeria, the most populous Black nation on earth, is clearly under the control of a “power elite. With a population of 152, 217, 341 (Nigerian National Population Commission, 2007). Nigeria is Africa’s most populous country and the eighth most populous nation in the world. It consists of over 250 ethno-linguistic groups speaking more than 400 languages. Politically, Nigeria is organized under a federal structure, consisting of a central government, 36 federating states (including the Federal Capital Territory, Abuja), and 774 local government areas loosely organized under six regions: north east, north west, north central, south east, south west, and south south. This geospatial structural formation is important to an analysis of the Nigerian power structure as will become clear from the discussion of the various domains of power in Nigeria. According to Mills (1956), I examine the bureaucracies of politics, military, and business and the key individuals who run these bureaucracies. This will permit a validation, rejection, or modification of his power elite theory as well as provide a more nuanced appreciation of the environment of power in Nigeria.

Crowder (1978), Onwubiko (1972) and Sagay (2008) have the same view that although Nigeria is typically broken down into six regions, it is more useful to think about Nigeria in terms of a north versus south division. The dominant ethno-linguistic group in the north is the Hausa-Fulani in the north east and north west surrounded by smaller ethno-linguistic groups like the Kanuris, Tivs, Igalas, Junkuns, Nupes, Zango-Katafs, and Biroms in the north central. The Yoruba in the south west, the Igbo in the south East, and the Ijaw in the south south are the dominant ethno-linguistic groups in the south.

4.0 Reflection on Politicization of Covid19 in Nigeria

Nigeria’s political leaders need to win trust to tackle covid-19. Covid-19 will require Nigeria's government to rely on already stretched communities and informal institutions. But there is a yawning gap in trust and accountability between citizens and the state

in Nigeria, the crisis will force the state to attempt to bridge this divide.

Okoye (2020) said, Nigeria is better placed than many to respond to the arrival of the coronavirus disease. In 2014, it successfully contained a deadly Ebola virus outbreak and the country's current score on the Epidemic Preparedness Index (38.9 percent) is higher than the African and global averages. Effective leadership to build confidence will be vital. However, President Muhammadu Buhari has made few appearances, delivering his first speech on Nigeria's response more than one month after the country's first recorded case. And the indefinite suspension of meetings of the Federal Executive Council has raised questions on the efficacy of the response. Mitigating the spread and worst consequences of the virus will depend on the state rebuilding trust with its citizens through effective communication and action. It is particularly important that the community mechanisms of support are protected as they come under growing pressure as communities become increasingly affected by the virus.

Donnelly (2020) said:

The stark choice facing most Nigerians, between risking starvation and risking contagion means a sustained lockdown is not a tenable option. People will choose to go to work. This will especially be the case as people grow weary of measures imposed upon them by a state that the vast majority of the population believes does not serve or care for them. (p.2).

Having largely ignored the needs of Nigeria's citizens for decades, the political class faces an uphill battle in building trust with the population. Earning this trust is not only crucial for the struggle against COVID-19 but also for Nigeria's longer-term progress and system of political governance.

Uduak, (2020) opined that:

NCDC is marketing Coronavirus and destroying our Lives. Enough of this Covid19 Nonsense, and 386 new cases. We have played fool enough!!! And you have discharged 679. What did you give to these ones you

discharged? Covid -19 is a war, and in times of war you get everyone prepared. Tell Nigerians what these ones discharged took and let everyone take it and be safe. Is Coronavirus more deadly than Tuberculosis, SARS, Pneumonia, Aids? (p.1).

Uduak (2020) furthered to say that:

Early detection saves the life; tell people how to boost their immune system and stop creating merchants out of Coronavirus. People are dying every day for more serious ailments because they can't access hospitals. People have diabetes, kidney issues, liver issues, heart diseases, cancer, BP, labour complications, HIV, Brain issues, Lung disease, etc, some need to go to other states to access hospital services. They are dying in numbers and no one is counting them because you are counting Corona. We were told the symptoms of Corona are cough, catarrh, difficulty in breathing, and the mortality rate is very minimal which we have seen in the results NCDC have been releasing. These symptoms things people have been suffering from and we have been managing them well in hospitals here in Nigeria, we have seen people with difficulties in breathing and they were treated. Why are we marketing Corona in Nigeria? Why are we harming ourselves intentionally, Creating fears, hardship and tension on innocent citizens? You promised 40,000 testing in 1 month, and this is almost 2months and you haven't tested 20,000, rather 3000 active cases and 679 discharged, which confirms mortality is less than 6%. Why then do you want to kill the entire country with fears? (p.2).

People are struggling to survive in this country; a lot of things are being politicized including COVID19. People are being forced into more hardship by marketing Coronavirus. Uduak (2020) is rough and rugged in his speech concerning politicization of COVID19 by the

Federal Government of Nigeria, the below citation was extracted from his speech:

Now we will be forced to open our borders for importation of rice, can foods and all sorts of junks again because we will be running out of food soon, at a time we were almost food sufficient. Enough of this politics that NCDC is playing with our Lives. This is the second month we Shut down our offices with no means of livelihood, and you are just counting numbers for us daily. Are you really concerned about our plight and survival? First you took to every TV and Radio station to market Coronavirus. Every second they advertise Corona, to instill fear in people when you know this disease is not a death sentence. There are thousand and one proactive ways of approaching this disease, but you want to make all the money you can make from it at the detriment of our economy, at the detriment of people's livelihoods. No state can boast of 1billion naira IGR. This is planting season and no farmer is in the farm, no rice paddy for rice meals to process, nothing. NCDC stop marketing Corona, stop raising tensions, stop destroying our economy. Tell us how you managed the 679 you discharged, train doctors on it, and let hospitals manage Corona patients, Corona is not going to leave us even if there is a vaccine today. People need to get back on their feet and live. Enough of this Corona Nonsense!!! Corona is not a death sentence!!! Just like Cancer, early detection saves the life. Am tired menh!" - Governor Yahaya Bello. (p.2).

The reaction of Nigeria political leaders to the coronavirus outbreak in the country has wrecked the economy. Nigerian leaders are shifting priorities in their response to the outbreak of the coronavirus disease (COVID-19) in the country.

President Muhammadu Buhari announced nationwide measures that include a ban on interstate travelling, compulsory use of

face masks, overnight curfew, as well as other preventive measures to combat the spread of the disease. Many other state governments have also completely shut down social and economic activities at one point or the other since Nigeria recorded its index case on February 27.

There are strong points that are raised in the last quotation of Yahaya 2020 which are;

- i. Tell us how you managed the 679 you discharged,
- ii. Train doctors on it,
- iii. Let hospitals manage Corona patients,
- iv. Corona is not going to leave us even if there is a vaccine today.
- v. People need to get back on their feet and live.

4.1 Tell Us How 679 Affected COVID19 Were Discharged

This is very serious and must be given attention. It was reported according to Yahaya (2020) that six hundred and seventy-nine (679) covid19 patients were declared Covid19 free after treatment. The question that every reasonable person should ask is what was used to treat them, where were they managed and how were they managed. We need to know at least for prevention purposes. If nations discharged hundreds and thousands of COVID19 affected people and cannot be specific to tell people what they are using to treat the discharged people, it means that people are being scammed. At this level of this pandemic, World Health Organization (WHO) should have come up with accessible medical remedies to COVID19 pandemic or at least curative measures people can take when they contact the virus. A coordinated response across the federation is really missing. The Federal Ministry of Health and the Nigeria Centre for Disease Control are supposed to be the national coordinators. But states seem to be making individual decisions. Some states shut down schools with the dramatic rise in the number of confirmed cases. We have seen that diseases don't know boundaries (not even international ones) so the best thing to do is to have a synchronized response. For example, most countries have found that locking down only parts of their countries was ineffective and had to do a total lock down eventually.

4.2 Train Doctors on it

It is expected by this time and at the level of this pandemic Nigeria government ought to have engaged in training health personnel that can be managing this problem of pandemic. A lot has been said about what Nigeria does not have in combating the pandemic. What does it have at its disposal? Nigeria has been ‘hemorrhaging’ (that is brain drain) health care workers in recent years. But, thankfully, the country still has some dedicated and innovative health care workers left. Its health workers are nothing short of heroes given the environment in which they work. I assume that this situation now reveals how much the country needs them and that this will inform future policies to ensure that the health system improves and health workers are retained in the country.

4.3 Corona is not going to Leave us even if there is a Vaccine Today.

Nigeria also has a big economy and a strong private sector. It is time to draw on the strengths of its private sector to combat this disease. Apart from money, the private sector can drive community engagement, communication, procurement, and even the manufacturing of drugs and equipment. Last, but not least, is that Nigeria and Nigerians are resilient. We must not forget that this is also a psychological warfare in the face of fear, socio-economic depression and lock downs. Nigerians are fighters and can fight this off.

4.3.1 What will Nigeria need to do to Combat Covid-19?

Although Covid-19 has claimed to have a high mortality rate than Ebola, it is also more contagious and less easily detected. The capacity of the state throughout the public sector must be very high if Nigeria is able to effectively track, test, contain and treat the disease. While the centralized and well-resourced NCDC was able to contain Ebola, containing Covid-19 requires coordinated, effective state capacity in all 36 states with the federal capital territory and at all levels of government. Here, Nigeria’s legacy of an underfunded healthcare system, poor public water and sanitation provision and very limited social protection may be a serious stumbling block. Covid-19 is far from a ‘leveler’. As in other countries, the wealthiest are most

able to adapt to the crisis, able to stop work and still feed their families, able to use the internet for information, communication, services and entertainment. And able to pay for the best healthcare, even if it is not the healthcare they would have otherwise chosen. After Ebola, the Nigerian health system did not, unfortunately, transform into a better coordinated or funded public service.

4.3.2 What Might Sub-National State of Nigeria Governments do?

Yet, there may be reason to hold out some hope for small changes. Tragically, Covid-19 is affecting Nigerian society much more broadly and deeply than the Ebola outbreak did. To respond effectively, Nigeria will need to strengthen the capacity of the public sector across the board. State governments, as well as the overarching federal government, must each lead their populations through the health and economic crisis. The legacies of past governors will be significant, but each state can chart its own course through the epidemic. Some may generate narratives of unity, such as in Ekiti State, where the governor has announced a 50 percent pay cut for his political appointees in order to fund the state's crisis response. Others may blame, perhaps justifiably, the federal government for abandoning its responsibility to the states, as the governor of Kano State has.

The pandemic may review how political incentives and ideas vary across Nigeria. The states differ enormously, and this creates different challenges and strengths. Lagos, for example, has the highest internally generated revenue and many private hospitals, but it is also densely populated and has large informal settlements, where people have little access to clean water. How each state manages to create public trust in its government and balance the competing needs for food, security, income generation and disease control will matter greatly.

According to Watts (2018), Nigeria's public health system is ordinarily debilitated by poor coordination, a lack of accountability, few incentives to improve performance and a lack of resources at the frontline. These problems can be traced back to Nigeria's competitive clienteles' political settlement. This means that the political elite frequently use state resources to maintain the support of their allies

and to co-opt potential rivals into accepting the current power sharing arrangement. While this enables relative political stability, it undermines the effectiveness of the public sector and leaves the poor without access to quality or affordable healthcare. Nigeria has recently had Lassa fever and Avian flu epidemics, but these were not addressed with the kind of technical, coordinated and efficient leadership seen during the Ebola outbreak.

5.0 Nigeria Faces Tremendous Health Challenges.

Omokri (2017) who reviewed the deplorable condition of Nigeria healthcare system and its effects on Nigerians said:

The statistics paint a grim picture. An average of 20,000 Nigerians travel to India each year for medical assistance due to the absence of a solid healthcare system at home. Nigeria is responsible for a high amount under-five child death. UNICEF said in a recent report that “preventable or treatable infectious diseases such as malaria, pneumonia, diarrhea, measles and HIV/AIDS account for more than 70% of the estimated one million under-five deaths in Nigeria.” (p.1).

Another report by the World Health Organization (WHO) says that nearly ten percent of newborn deaths in the world last year occurred in Nigeria. Furthermore, five countries accounted for half of all newborn deaths, with Nigeria third on the list. These are India (24%), Pakistan (10%), Nigeria (9%), the Democratic Republic of the Congo (4%) and Ethiopia (3%). Most newborn deaths occurred in two regions: Southern Asia (39%) and sub-Saharan Africa (38%). While studies like the Global Burden of Disease show steady improvements in child survival rates, the persistent rate of avoidable deaths in Nigeria is deeply disturbing.

Now one may ask; is the problem lack of medical personnel? Certainly not. As Omokri (2017) furthered opined that:

The 77% of black doctors in the US are said to be Nigerians. Nigerians have achieved tremendous feats in American medicine. For example, Nigerian doctor Oluyinka Olutoye, based in Houston, made history this

year by bringing out a fetus from a mother's womb to remove a tumor, and then successfully restoring the unborn baby to the womb. There's rarely any top medical institution in the US or Europe where you don't find Nigerians managing at the top level. There's a joke in my country that if all Nigerians withdrew their services from the health sector in the US, it would collapse. (p.2).

So why is Nigeria's health service in such a precarious state? There is a toxic mix of problems to this which include;

- i. Inaccessibility of quality health care,
- ii. Poor hygiene,
- iii. Corruption,
- iv. Malnutrition,
- v. Lack of access to safe drinking water,
- vi. Poor health infrastructure, fake drugs,
- vii. Insufficient financial investment,
- viii. Lack of sufficient health personnel.
- ix. Government's performance in the health sector has been abysmal.
- x. Investment in infrastructure has been poor,

Meager remuneration for health workers has created a massive brain drain to the US and Europe. The annual budget of the government for the health sector is 4.17% of the total national budget, which is equivalent to only \$5 per person per year! Hardly a year passes without a major national strike by nurses, doctors, or health consultants. The major reasons for these strikes are poor salaries and lack of government investment in the health sector. Unfortunately, many Nigerians cannot afford private hospitals; they are simply too expensive.

The health sector like other key sectors in the country has failed largely due to inept leadership. It is such a shame that despite the huge talents of Nigerians, which are on display in health sectors all over the world, our own health system is failing. Donor countries and multilateral organizations are aware of these challenges, but there's little they can do to improve the situation.

5.1 Failed Healthcare and Corrupt Political System

The Nigerian elites have always preferred travelling abroad for medical treatment and prided themselves on how effective health systems abroad are compared to the one we have here. Little wonder the Minister for Health estimated that the country spends over \$1 billion annually on medical tourism. But with borders shut around the world, the elites must now confront using their country's own dilapidated healthcare facilities in battling COVID-19.

When the COVID-19 pandemic broke out, there were serious concerns that Nigeria's fragmented government, failed healthcare and corrupt political system would prove ill-equipped in dealing with the acute public health crisis hurtling towards the country but alas, these concerns have proven to be valid. Earlier on in the outbreak, at a time when better preparations could have been made to forestall the worst impacts of a broad outbreak, the Nigerian government took a snail-like response and plunged the nation into a web of confusion. It's like the case of a student whose lecturer gave focus areas ahead of an exam and still failed despite the heads up.

State governments across the country found themselves in competition with one another over medical supplies. They were left to fend for themselves, and the federal government did little in taking control of the supply chain to efficiently distribute resources. Take for instance, where I registered for my National Health Insurance Scheme (NHIS), most often when I visit clinic with my family, a medical doctor would prescribe drugs, on getting to the pharmaceutical unit to pick the drugs the pharmaceutical unit will tell you they don't have five out of the seven drugs prescribed or the whole of the five drugs prescribed. It is unfortunate that it would take the coming of a pandemic of the nature of the coronavirus for our officials to realize how poor our health care delivery is in the country. When the disease first came to the country, it met our health care system barely prepared. At the airports, the quarantine operations were not up to scratch. The tracking system necessary to track and isolate persons suspected to have had contact with those that tested positive was dodgy. There was a shortage of items like face masks and ventilators in the make-shift isolation centres. To make matters worse, the synergy and coordination necessary to provide a robust response to the

pandemic were not seamless enough, leading to disjointed efforts by parties responsible.

Years of neglect through underfunding and a lack of appropriate policies and procedures have resulted in a dysfunctional national health system. It is little wonder the health sector is recorded as having the highest number of professionals leaving the country for greener pastures where their services are needed and appreciated more. Nigeria's loss evidently is the gain of other countries where those same professionals are ironically entrusted to run the health system which Nigerian elites run to for their health checks.

If governments in Nigeria over the years had established a proper health care system complete with funding, provision of facilities and equipment as well as a laid down operational framework for managing and sustaining the services, we would not have been caught napping when epidemics and national health emergencies arise.

5.2 What is the Solution?

I believe that Nigeria's policymakers and health professionals including the Nigerians in Diaspora need to come together and create a long-term blueprint for the sector. This should include a strategy for success in the next 25-35 years with timelines and key performance indicators. Creating this blueprint, and then making it a reality achievable, is the only way to make meaningful improvements in the health of Nigerians.

5.3 Areas for Further Research

The COVID-19 virus being new means that there are many questions and few answers. Many people have information about their experience. Some of the information being gathered will be found to be correct, some wrong. There's a need for a whole lot more research. For instance, we still need answers about how the virus behaves in a particular local environment and how long it lasts outside the human body in Nigeria. Research has to be validated and reproducible. Even a great deal of the good research being done has to be repeated to be sure that the findings are correct. Then, how about the near or distant future? What drugs and or vaccines can be developed? Will the virus

mutate? There is a reason to sequence and report the genome of the virus in Nigeria. It will help with drug development.

6.0 Conclusion

COVID19 is more of business in Nigeria, it is heavily commercialized by the government of Nigeria through some mischievous politicians. There is constant increase of COVID19 victims, constant discharge of COVID19 victims without any practical and concrete solution to the COVID19 menace. According to Oyekanm (2020) who reviewed the COVID-19 Update in Nigeria on the 8th of July 2020, 460 new confirmed cases and 15 deaths were recorded in Nigeria as follow:

The spread of novel Corona Virus Disease (COVID-19) in Nigeria continue to record significant increase as the latest statistics provided by the Nigeria Centre for Disease Control reveal Nigeria now has 30,249 confirmed cases. **On the 8th of July 2020**, 460 new confirmed cases and 15 deaths were recorded in Nigeria, having carried out a total test of 169,629 samples across the country. To date, 30,249 cases have been confirmed, 12,373 cases have been discharged and 684 deaths have been recorded in 36 states and the Federal Capital Territory. A total of 169,629 tests have been carried out as of July 6th, 2020 compared to 152,952 tests a day earlier.

According to the NCDC, the 460 new cases were reported from 21 states- Lagos (150), Rivers (49), Oyo (43), Delta (38), FCT (26), Anambra (20), Kano (20), Plateau (18), Edo (14), Bayelsa (13), Enugu (13), Osun (12), Kwara (10), Borno (8), Ogun (7), Kaduna (6), Imo (4), Bauchi (3), Gombe (3), Niger (2), Adamawa (1).

Meanwhile, the latest numbers bring Lagos state total confirmed cases to 11,670, followed by Abuja (2,348), Oyo (1,573), Edo (1,503), Delta (1,323), Kano (1,291), Rivers (1,284), Ogun (1,057), Kaduna (889), Katsina (628), Borno (563), Ondo (550), Gombe (524), Bauchi

(519), Ebonyi (503), Plateau (478), Enugu (431), Abia (400), Imo (356), Jigawa (318).

Kwara state has recorded 307 cases, Bayelsa (282), Nasarawa (234), Osun (210), Sokoto (153), Niger (124), Benue (121), Akwa Ibom (112), Adamawa (100), Anambra (93), Kebbi (86), Zamfara (76), Yobe (61), Ekiti (45), Taraba (27), while Kogi and Cross River state have recorded 5 cases each. (pp.1-2).

In Nigeria, the number of people infected with coronavirus is always on the increase without any known remedial drugs or treatment to cure the virus. In the above data, as at 8th July, 2020 six hundred and eighty-four (684) patients were discharged, meaning they were treated of COVID19, still there is no drug that can cure the virus. Government needs to tell people the truth about what they used to treat these discharged patients. People should know it at least for preventive and curative measures.

In a move to combat the spread of the pandemic disease, President Muhammadu Buhari directed the cessation of all movements in Lagos and the FCT for an initial period of 14 days, which took effect from 11 pm on Monday, 30th March 2020.

The movement restriction, which was extended by another two weeks period, has been partially put on hold with some businesses commencing operations from May 4. On April 27th, 2020, Nigeria's President, Muhammadu Buhari declared an overnight curfew from 8pm to 6am across the country, as part of new measures to contain the spread of the COVID-19. This comes along with the phased and gradual easing of lockdown measures in FCT, Lagos, and Ogun States, which took effect from Saturday, 2nd May 2020, at 9am.

On Monday, 29th June 2020 the Federal government extended the second phase of the eased lockdown by 4 weeks and approved interstate movement outside curfew hours with effect from July 1, 2020.

The problem with Nigeria approach on the issue of COVID19 is that the government has left primary needs of the citizens unattended to and is focusing major attention to secondary matters. Take for instance, Nigeria government locked people down inside their houses devoid of adequate provision of healthcare facilities to

combat the problem of COVID19. More also other developed countries were assisting their citizens with different palliatives during the total lockdown, but here in Nigeria palliative is eye mirage and carried out only on newspapers.

The situation in Kano provides an example of some of the challenges that might be faced elsewhere in Nigeria and the world. Kano, the country's second-largest city, registered its first case on April 11. Since then, grave diggers had reported what appeared to be an abnormally high number of deaths, which, after investigation, were linked to a variety of preexisting conditions, and coronavirus seemed to have been ruled out. President Buhari nevertheless ordered that the city be locked down for an additional two weeks. Whether or not those people died of COVID-19, the pandemic may still have led to their death. The health care system in Kano has reoriented itself to deal with the coronavirus at the expense of other essential medical services, leaving some without health care. Also, the BBC reports that no official death records are kept, making it difficult to attribute a death to COVID-19. Nigeria government political wheelers are our major problems, I implore for their underlay reorientation.

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